

(1) PLACE OF BIRTH

County of York
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. for State Registrar Only
16343

City of Rock Hill (No. (M.I. (Ward)) (For use of Local Registrar)
Registration District No. 44B Registered No. 94
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillian Huffatthler | If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Female (4) Twin or triplet? No (5) Number in order of birth 8th (6) Are Parents Married? Yes (7) DATE OF BIRTH May 3 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Miss S. Huffatthler
(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Gaston Co. N.C.
(13) OCCUPATION Mill operator
(14) Number of children born to mother, including present birth 8

MOTHER.
(15) NAME BEFORE MARRIAGE Maggie Camp
(16) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 38 (Years)
(19) BIRTHPLACE York Co S.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1..8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated. (Hour A. M. or P. M.) 12:20 A.
(23) (Signature) W.E. Sampson, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

When name added from a supplemental report
..... 191

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 6/9 1923 (28) J. H. H. C. C. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
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